

TELECOMMUTING WORKPLACE SAFETY CHECKLIST

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Success of a telecommuting arrangement depends, in part, on a realistic assessment of the overall safety of an employee's alternate workplace. The checklist is necessary to make the employee aware of the need for a safe workplace that is conducive to productive work. The telecommuter should read and complete the checklist regarding the designated alternate workplace, discuss any concerns, and always report accidents or injuries immediately to his supervisor.

The completed form should be provided to the employee's supervisor.

General Environment:

- The workspace area has adequate lighting and ventilation.
- The workspace is reasonably quiet and free of distractions.
- Aisles, doorways and corners are free from obstructions to permit movement.

Electricity/Equipment:

- There are enough electrical outlets in the alternate workplace to support the required equipment. All electrical equipment is free of recognized hazards that would cause physical harm (e.g., frayed wires, bare conductors, loose or exposed wires). If necessary, consult with an electrician or power utility company on capacity questions.
- Necessary electrical outlets are three-pronged (grounded).
- Computer equipment is connected to a surge protector. The equipment is placed at a comfortable height for viewing and will be powered down after the workday is over.
- Computer equipment is on a sturdy, level, well-maintained piece of furniture and the keyboard and mouse are at a height that does not cause wrist strain.

Safety and Security:

- There is a fire extinguisher in the alternate workplace and a developed fire evacuation plan in the event of an emergency.
- There is a working smoke detector in the alternate workplace.
- Phone lines, electrical cords, and extension wires are secured underneath a desk or along baseboards.
- There are security controls in place to protect passwords, agency-owned software and files from unauthorized disclosure.

I, _____, understand it is my responsibility to maintain the safety and appropriate arrangement of my alternate workplace, if it is my home. I certify that my responses to the checklist are true and completed to the best of my knowledge. I understand that any erroneous, misleading, or fraudulent information is sufficient grounds for my preclusion from telecommuting.

Employee Signature

Date: _____

Supervisor Signature

Date: _____